

|  |
|--|
| <b>400-00-7505</b>   |
|  |
| <b>Description:</b> Resident Head of Household with Direct Deposit   |
| <b>Forms:</b> AZ-140, Schedule A, 301, 309, 323, 8453  |
| <b>PATS Info</b>   |
|  |
| <b>AZ140:</b> Income from W2s, 1099R, 1099G, interest, income from another state   |
| Non-Arizona municipal interest   |
|  |
| Supporting parents and ancestors   |
| Clean Election Reduction   |
| Contributions  |
| Overpayment with Direct Deposit  |
| Copy of NM return (first 2 pages)  |
|  |
| <b>Add Preparer Information</b><br>Name = David Filippo<br>Firm = Pima Pawn Shop<br>Address = 2nd Street<br>City = Tucson<br>State = AZ<br>Zip = 85701<br>Phone = 520-524-2921<br>Self Employed = Yes<br>SSN = 400-66-8712<br>EIN = 91-5552144 |

| Label  | For the year Jan. 1-Dec. 31, 2006, or other tax year beginning                                 |  | , 2006, ending |             | , 20   |  | OMB. No. 1545-0074   |  |
|--|--|--|----------------|-------------|--|--|--|--|
| <b>Use the IRS label.</b><br>Otherwise, please print or type.  | <b>L</b>   | Your first name and initial  |                | Last name   |  | Your social security number                              |  |  |
|  | <b>A</b>   | TEST R   |                | WANN        |  | 400-00-7505  |  |  |
|  | <b>B</b>   | If a joint return, spouse's first name and initial   |                | Last name   |  | Spouse's social security number                          |  |  |
|  | <b>E</b>   | Home address (number and street). If you have a P.O. box, see page 16.   |                | Apt. no.    |  | You must enter your SSN(s) above.                        |  |  |
| <b>Use the IRS label.</b><br>Otherwise, please print or type.  | <b>H</b>   | 7 HEAVENS LN   |                |             |  |  |  |  |
| <b>E</b>   | <b>R</b>   | City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.                                  |                |             |  | Checking a box below will not change your tax or refund. |  |  |
| <b>Presidential Election Campaign</b>  | <b>TUCSON</b>  | <b>AZ</b>  | <b>85701</b>   |             |  |  |  |  |
| <b>Filing Status</b>   | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) |  |                |             |  |  | You <input type="checkbox"/> Spouse <input type="checkbox"/> |  |
| Check only one box.  | <b>1</b>   | <input type="checkbox"/> Single  |                | <b>4</b>    | <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. |  |  |  |
|  | <b>2</b>   | <input type="checkbox"/> Married filing jointly (even if only one had income)  |                |             |  |  |  |  |
|  | <b>3</b>   | <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.                             |                |             |  |  |  |  |
|  | <b>5</b>   | <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)   |                |             |  |  |  |  |
| <b>Exemptions</b>  | <b>6 a</b>   | <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a                   |                |             |  | Boxes checked on 6a and 6b                               |  |  |
|  | <b>b</b>   | <input type="checkbox"/> Spouse  |                |             |  | No. of children on 6c who:                               |  |  |
|  | <b>c</b>   | Dependents:  |                |             |  | ● lived with you   |  |  |
|  | <b>d</b>   | Total number of exemptions claimed   |                |             |  | Add numbers on lines above                               |  |  |
| <b>Income</b><br><br>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.<br><br>If you did not get a W-2, see page 22.<br><br>Enclose, but do not attach, any payment. Also, please use Form 1040-V. | <b>7</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2   |                | <b>7</b>    | 81,637   |  |  |  |
|  | <b>8 a</b>   | Taxable interest. Attach Schedule B if required  |                | <b>8 a</b>  | 500  |  |  |  |
|  | <b>b</b>   | Tax-exempt interest. Do not include on line 8a   |                | <b>8 b</b>  | 500  |  |  |  |
|  | <b>9 a</b>   | Ordinary dividends. Attach Schedule B if required  |                | <b>9 a</b>  |  |  |  |  |
|  | <b>b</b>   | Qualified dividends (see page 23)  |                | <b>9 b</b>  |  |  |  |  |
|  | <b>10</b>  | Taxable refunds, credits, or offsets of state and local income taxes (see page 23)   |                | <b>10</b>   |  |  |  |  |
|  | <b>11</b>  | Alimony received   |                | <b>11</b>   |  |  |  |  |
|  | <b>12</b>  | Business income or (loss). Attach Schedule C or C-EZ   |                | <b>12</b>   |  |  |  |  |
|  | <b>13</b>  | Capital gain or (loss). Attach Schedule D if required. If not required, check here   |                | <b>13</b>   |  |  |  |  |
|  | <b>14</b>  | Other gains or (losses). Attach Form 4797  |                | <b>14</b>   |  |  |  |  |
|  | <b>15 a</b>  | IRA distributions  |                | <b>15 a</b> |  |  |  |  |
|  | <b>15 b</b>  | Taxable amount (see page 25)   |                | <b>15 b</b> |  |  |  |  |
|  | <b>16 a</b>  | Pensions and annuities   |                | <b>16 a</b> | 15,000   |  |  |  |
|  | <b>16 b</b>  | Taxable amount (see page 25)   |                | <b>16 b</b> | 10,000   |  |  |  |
|  | <b>17</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                  |                | <b>17</b>   |  |  |  |  |
|  | <b>18</b>  | Farm income or (loss). Attach Schedule F   |                | <b>18</b>   |  |  |  |  |
|  | <b>19</b>  | Unemployment compensation  |                | <b>19</b>   | 5,400  |  |  |  |
|  | <b>20 a</b>  | Social security benefits   |                | <b>20 a</b> |  |  |  |  |
|  | <b>20 b</b>  | Taxable amount (see page 27)   |                | <b>20 b</b> |  |  |  |  |
|  | <b>21</b>  | Other income. Casino   |                | <b>21</b>   | 500  |  |  |  |
| <b>22</b>  | Add the amounts in the far right column for lines 7 through 21. This is your total income      |  | <b>22</b>      | 98,037      |  |  |  |  |
| <b>Adjusted Gross Income</b>   | <b>23</b>  | Archer MSA deduction. Attach Form 8853   |                | <b>23</b>   |  |  |  |  |
|  | <b>24</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ |                | <b>24</b>   |  |  |  |  |
|  | <b>25</b>  | Health savings account deduction. Attach Form 8889   |                | <b>25</b>   |  |  |  |  |
|  | <b>26</b>  | Moving expenses. Attach Form 3903  |                | <b>26</b>   |  |  |  |  |
|  | <b>27</b>  | One-half of self-employment tax. Attach Schedule SE  |                | <b>27</b>   |  |  |  |  |
|  | <b>28</b>  | Self-employed SEP, SIMPLE, and qualified plans   |                | <b>28</b>   |  |  |  |  |
|  | <b>29</b>  | Self-employed health insurance deduction (see page 30)   |                | <b>29</b>   |  |  |  |  |
|  | <b>30</b>  | Penalty on early withdrawal of savings   |                | <b>30</b>   |  |  |  |  |
|  | <b>31 a</b>  | Alimony paid b Recipient's SSN   |                | <b>31 a</b> |  |  |  |  |
|  | <b>32</b>  | IRA deduction (see page 31)  |                | <b>32</b>   |  |  |  |  |
|  | <b>33</b>  | Student loan interest deduction (see page 33)  |                | <b>33</b>   |  |  |  |  |
|  | <b>34</b>  | Jury duty pay you gave to your employer  |                | <b>34</b>   |  |  |  |  |
|  | <b>35</b>  | Domestic production activities deduction. Attach Form 8903   |                | <b>35</b>   |  |  |  |  |
|  | <b>36</b>  | Add lines 23 through 31a and 32 through 35   |                | <b>36</b>   |  |  |  |  |
|  | <b>37</b>  | Subtract line 36 from line 22. This is your adjusted gross income  |                | <b>37</b>   | 98,037   |  |  |  |

Form 1040 (2006)

**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2006**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**TEST R WANN**

**400-00-7505**

|  |  |   |        |  |        |
|--|--|---|--------|--|--------|
| <b>Medical and Dental Expenses</b>                       |  | <b>Caution.</b> Do not include expenses reimbursed or paid by others. |        |  |        |
| 1  | Medical and dental expenses (see page A-2)   | 1   | 10,500 |  |        |
| 2  | Enter amount from Form 1040, line 38   | 2   | 98,037 |  |        |
| 3  | Multiply line 2 by 7.5% (.075)   | 3   | 7,353  |  |        |
| 4  | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-  | 4   |        |  | 3,147  |
| <b>Taxes You Paid</b>                                    |  | 5   | 3,773  |  |        |
| 5  | State and local income taxes   | 6   | 97     |  |        |
| 6  | Real estate taxes (see page A-5)   | 7   | 186    |  |        |
| 7  | Personal property taxes  | 8   |        |  |        |
| 8  | Other taxes. List type and amount ▶  |   |        |  |        |
| 9  | Add lines 5 through 8  | 9   |        |  | 4,056  |
| <b>Interest You Paid</b>                                 |  | 10  | 3,500  |  |        |
| 10   | Home mortgage interest and points reported to you on Form 1098   | 11  |        |  |        |
| 11   | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶   | 12  |        |  |        |
| 12   | Points not reported to you on Form 1098. See page A-6 for special rules  | 13  |        |  |        |
| 13   | Investment interest. Attach Form 4952 if required. (See page A-6.)   | 14  |        |  | 3,500  |
| 14   | Add lines 10 through 13  |   |        |  |        |
| <b>Gifts to Charity</b>                                  |  | 15  | 2,000  |  |        |
| 15   | Gifts by cash or check. If you made any gift of \$250 or more, see page A-7  | 16  |        |  |        |
| 16   | Other than by cash or check. If any gift of \$250 or more, see page A-7. You <b>must</b> attach Form 8283 if over \$500  | 17  |        |  |        |
| 17   | Carryover from prior year  | 18  |        |  | 2,000  |
| 18   | Add lines 15 through 17  |   |        |  |        |
| <b>Casualty and Theft Losses</b>                         |  | 19  |        |  |        |
| 19   | Casualty or theft loss(es). Attach Form 4684. (See page A-8.)  |   |        |  |        |
| <b>Job Expenses and Certain Miscellaneous Deductions</b> |  | 20  |        |  |        |
| 20   | Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶  | 21  | 150    |  |        |
| 21   | Tax preparation fees   | 22  |        |  |        |
| 22   | Other expenses - investment, safe deposit box, etc. List type and amount ▶   | 23  | 150    |  |        |
| 23   | Add lines 20 through 22  | 24  | 98,037 |  |        |
| 24   | Enter amount from Form 1040, line 38   | 25  | 1,961  |  |        |
| 25   | Multiply line 24 by 2% (.02)   | 26  |        |  | 0      |
| 26   | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-  |   |        |  |        |
| <b>Other Miscellaneous Deductions</b>                    |  | 27  | 500    |  | 500    |
| 27   | Other - from list on page A-9. List type and amount ▶ <b>GAMBLING LOSSES</b>   |   |        |  |        |
| <b>Total Itemized Deductions</b>                         |  | 28  |        |  | 13,203 |
| 28   | Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?<br><input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.<br><input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A-9 for the amount to enter. |   |        |  |        |
| 29   | If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>   |   |        |  |        |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2006

**Your social security number**

400-00-7505

Attachment  
Sequence No. **08**

## Amount

500

500

1,000

500

500

3

500

Amount

5

6

---

## Yes



|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

[illegible]

Schedule B (Form 1040) 2006

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

2006

Attachment  
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

TEST R WANN

400-00-7505

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

|    |   |    |        |
|----|---|----|--------|
| 1  | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) . . . . . | 1  | 84,834 |
| 2  | Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38 . . . . .   | 2  | 2,451  |
| 3  | Taxes from Schedule A (Form 1040), line 9 . . . . .   | 3  | 4,056  |
| 4  | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions . . . . .   | 4  |        |
| 5  | Miscellaneous deductions from Schedule A (Form 1040), line 26 . . . . .   | 5  |        |
| 6  | If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> on page A-9 of the Instructions for Schedules A (Form 1040) . . . . .  | 6  | ( )    |
| 7  | Tax refund from Form 1040, line 10 or line 21 . . . . .   | 7  | ( )    |
| 8  | Investment interest expense (difference between regular tax and AMT) . . . . .  | 8  |        |
| 9  | Depletion (difference between regular tax and AMT) . . . . .  | 9  |        |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount . . . . .  | 10 |        |
| 11 | Interest from specified private activity bonds exempt from the regular tax . . . . .  | 11 |        |
| 12 | Qualified small business stock (7% of gain excluded under section 1202) . . . . .   | 12 |        |
| 13 | Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .  | 13 |        |
| 14 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) . . . . .   | 14 |        |
| 15 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) . . . . .   | 15 |        |
| 16 | Disposition of property (difference between AMT and regular tax gain or loss) . . . . .   | 16 |        |
| 17 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .  | 17 |        |
| 18 | Passive activities (difference between AMT and regular tax income or loss) . . . . .  | 18 |        |
| 19 | Loss limitations (difference between AMT and regular tax income or loss) . . . . .  | 19 |        |
| 20 | Circulation costs (difference between regular tax and AMT) . . . . .  | 20 |        |
| 21 | Long-term contracts (difference between AMT and regular tax income) . . . . .   | 21 |        |
| 22 | Mining costs (difference between regular tax and AMT) . . . . .   | 22 |        |
| 23 | Research and experimental costs (difference between regular tax and AMT) . . . . .  | 23 |        |
| 24 | Income from certain installment sales before January 1, 1987 . . . . .  | 24 | ( )    |
| 25 | Intangible drilling costs preference . . . . .  | 25 |        |
| 26 | Other adjustments, including income-based related adjustments . . . . .   | 26 |        |
| 27 | Alternative tax net operating loss deduction . . . . .  | 27 | ( )    |
| 28 | <b>Alternative minimum taxable income.</b> Combines lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see page 7 of the instructions) . . . . .   | 28 | 91,341 |

**Part II Alternative Minimum Tax**

|    |   |    |        |
|----|---|----|--------|
| 29 | Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)  |    |        |
|    | <p><b>IF your filing status is . . . . . AND line 28 is not over . . . . . THEN enter on line 29 . . . . .</b></p> <p>Single or head of household . . . . . \$112,500 . . . . . \$42,500</p> <p>Married filing jointly or qualifying widow(er) . . . . . 150,000 . . . . . 62,550</p> <p>Married filing separately . . . . . 75,000 . . . . . 31,275</p> <p>If line 28 is <b>over</b> the amount shown above for your filing status, see page 7 of the instructions.</p>  | 29 | 42,500 |
| 30 | Subtract line 29 from line 28. If more than zero <b>or</b> you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II . . . . .   |    |        |
| 31 | <p>● If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.</p> <p>● If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.</p> <p>● <b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</p> |    |        |
| 32 | Alternative minimum tax foreign tax credit (see page 7 of the instructions) . . . . .   |    |        |
| 33 | Tentative minimum tax. Subtract line 32 from line 31 . . . . .  |    |        |
| 34 | Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see page 9 of the instructions) . . . . .   |    |        |
| 35 | <b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 . . . . .   |    |        |
|    |   | 35 | 2,735  |

Form **8839****Qualified Adoption Expenses**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040NR.

▶ See separate instructions.

**2006**Attachment  
Sequence No. **38**

Name(s) shown on return

Your social security number

**TEST R WANN****400-00-7505**Before you begin: See **Definitions** on page 1 of the instructions.**Part I Information About Your Eligible Child or Children** -You must complete this part. See page 2 of the instructions for details, including what to do if you need more space.

| 1          | (a)<br>Child's name |                   | (b)<br>Child's year<br>of birth | Check if child was -                              |   |                                     | (f)<br>Child's<br>identifying number |
|------------|---------------------|-------------------|---------------------------------|---|---|-------------------------------------|--------------------------------------|
|            | First               | Last              |                                 | (c)<br>born<br>before<br>1989 and<br>was disabled | (d)<br>a child<br>with special<br>needs | (e)<br>a<br>foreign<br>child        |                                      |
| Child<br>1 | <b>ARCHIBALD</b>    | <b>DE LA HALO</b> | <b>1993</b>                     | <input type="checkbox"/>                          | <input type="checkbox"/>                | <input checked="" type="checkbox"/> | <b>900-93-7020</b>                   |
| Child<br>2 |                     |                   |                                 | <input type="checkbox"/>                          | <input type="checkbox"/>                | <input type="checkbox"/>            |                                      |

**Caution:** If the child was a foreign child, see **Special rules** in the instructions for line 1, column (e), that begin on page 2, before you complete Part II or Part III. If you received **employer-provided adoption benefits**, complete Part III on page 2 next.**Part II Adoption Credit**

|   | Child 1         | Child 2       |  |
|---|-----------------|---------------|--|
| 2 Maximum credit per child . . . . .  | 2 <b>10,960</b> |               |  |
| 3 Did you file Form 8839 for a prior year for the same child?<br><input checked="" type="checkbox"/> <b>No.</b> Enter -0-.<br><input type="checkbox"/> <b>Yes.</b> See page 4 of the instructions for the amount to enter.  | 3               |               |  |
| 4 Subtract line 3 from line 2 . . . . .   | 4 <b>10,960</b> |               |  |
| 5 <b>Qualified adoption expenses</b> (see page 4 of the instructions) . . . . .<br><b>Caution:</b> Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2006.   | 5 <b>5,000</b>  |               |  |
| 6 Enter the <b>smaller</b> of line 4 or line 5 . . . . .  | 6 <b>5,000</b>  |               |  |
| 7 Add the amounts on line 6. If zero, skip lines 8 through 11 and enter -0- on line 12 . . . . .  | 7               | <b>5,000</b>  |  |
| 8 Modified adjusted gross income (see page 4 of the instructions) . . .   | 8               | <b>98,037</b> |  |
| 9 Is line 8 more than \$164,410?<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 9 and 10, and enter -0- on line 11.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$164,410 from line 8 . . . . .  | 9               |               |  |
| 10 Divide line 9 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000 . . . . .  | 10              | <b>X</b>      |  |
| 11 Multiply line 7 by line 10 . . . . .   | 11              |               |  |
| 12 Subtract line 11 from line 7 . . . . .   | 12              | <b>5,000</b>  |  |
| 13 Credit carryforward from prior years (line 23 of your <b>Credit Carryforward Worksheet</b> on page 5 of the <b>2005</b> Form 8839 instructions) . . . . .  | 13              |               |  |
| 14 Add lines 12 and 13 . . . . .  | 14              | <b>5,000</b>  |  |
| 15 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 . .  | 15              | <b>12,699</b> |  |
| 16 <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 47 through 51, and line 53; Form 8396, line 11, and Form 5695, line 12.<br><b>1040A filers:</b> Enter the total of the amounts from Form 1040NR, lines 44 through 46 and line 48; Form 8396, line 11; and Form 5695, line 12. | 16              |               |  |
| 17 Subtract line 16 from line 15 . . . . .  | 17              | <b>12,699</b> |  |
| 18 <b>Adoption credit.</b> Enter the smaller of line 14 or line 17 here and include on Form 1040, line 54, or Form 1040NR, line 49; and check box <b>b</b> on that line. If line 17 is smaller than line 14, you may have a credit carryforward (see page 4 of the instructions) . . . . .                | 18              | <b>5,000</b>  |  |

For Paperwork Reduction Act Notice, see page 6 of the instructions.

EEA

Form **8839** (2006)

|  |  |   |
|--|--|---|
| Form <b>3903</b>                                       | <b>Moving Expenses</b>                       | OMB No. 1545-0074                                   |
| Department of the Treasury<br>Internal Revenue Service | ▶ <b>Attach to Form 1040 or Form 1040NR.</b> | <b>2006</b><br>Attachment<br>Sequence No. <b>62</b> |
| Name(s) shown on Form 1040<br><b>TEST R WANN</b>       |  | Your social security number<br><b>400-00-7505</b>   |

**Before you begin:**

- See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- See **Members of the Armed Forces** in the instructions, if applicable.

|  |          |              |
|--|----------|--------------|
| <b>1</b> Transportation and storage of household goods and personal effects (see instructions) . . . . .   | <b>1</b> | <b>500</b>   |
| <b>2</b> Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .  | <b>2</b> | <b>763</b>   |
| <b>3</b> Add lines 1 and 2 . . . . .   | <b>3</b> | <b>1,263</b> |
| <b>4</b> Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . . | <b>4</b> | <b>2,000</b> |
| <b>5</b> Is line 3 <b>more than</b> line 4?  |          |              |
| <input checked="" type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.                      |          |              |
| <input type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .   |          |              |
|  | <b>5</b> |              |

## General Instructions

### What's New

For 2006, the standard mileage rate for using your vehicle to move to a new home is 18 cents a mile.

### Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

### Moving Expenses You Can Deduct

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

### Who Can Deduct Moving Expenses

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.

#### TIP

Members of the Armed Forces may not have to meet the distance test and time test. See instructions.

### Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.

#### TIP

To see if you meet the distance test, you can use the worksheet below.

## Distance Test Worksheet

Keep a Copy for Your Records

- |  |                              |
|--|------------------------------|
| <b>1.</b> Number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . . | <b>1.</b> <u>1,100</u> miles |
| <b>2.</b> Number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . . | <b>2.</b> <u>12</u> miles    |
| <b>3.</b> Subtract line 2 from line 1. If zero or less, enter -0- . . . . .                | <b>3.</b> <u>1,088</u> miles |

#### Is line 3 at least 50 miles?

☒ **Yes.** You meet this test.

☐ **No.** You do not meet this test. You **cannot** deduct your moving expenses. **Do not** complete Form 3903.



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| YOUR FIRST NAME AND INITIAL<br>1 <b>TEST R</b>  |  | LAST NAME<br><b>WANN</b>                              |  | YOUR SOCIAL SECURITY NO.<br><b>400-00-7505</b>                            |  |
| IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL<br>1                               |  | LAST NAME   |  | SPOUSE'S SOCIAL SECURITY NO.  |  |
| PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO.<br>2 <b>7 HEAVENS LN</b> |  | DAYTIME PHONE (with area code)<br><b>520-349-5959</b> |  | 89 <input checked="" type="checkbox"/>                                    |  |
| CITY, TOWN OR POST OFFICE STATE ZIP CODE<br>3 <b>TUCSON, AZ 85701</b>                 |  | HOME PHONE (with area code)<br>94 <b>520-524-4837</b> |  | Check this box if:<br>82F <input type="checkbox"/> Filing under extension |  |

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- 4 ☐ Married filing joint return
- 5 ☒ Head of household - name of qualifying child or dependent ▶ **ANGELA WANN**
- 6 ☐ Married filing separate return. Enter spouse's Social Security Number above and full name here ▶
- 7 ☐ Single

FOR DOR USE ONLY

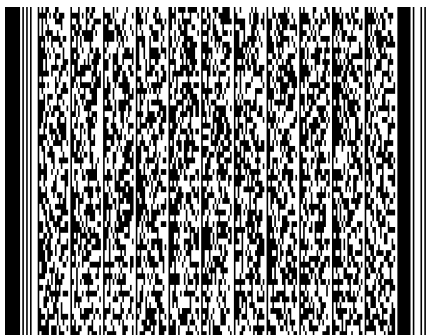
- 8 **00** Age 65 or over (you and/or spouse)
- 9 **00** Blind (you and/or spouse)
- 10 **07** Dependents. From page 2, line A2 - **do not include self or spouse.**
- 11 **02** Qualifying parents and ancestors of your parents. From page 2, line A5.

88

81

80

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



|       |  |    |               |    |
|-------|--|----|---------------|----|
| 12    | Federal adjusted gross income  | 12 | <b>98,037</b> | 00 |
| 13    | Additions to income (from page 2, line B13)  | 13 | <b>500</b>    | 00 |
| 14    | Add lines 12 and 13  | 14 | <b>98,537</b> | 00 |
| 15    | Subtractions. No. from line C27a: 151  | 15 | <b>36,600</b> | 00 |
| 16    | Arizona AGI. Line 14 minus line 15   | 16 | <b>61,937</b> | 00 |
| 17    | 17 <input checked="" type="checkbox"/> ITEMIZED 17S <input type="checkbox"/> STANDARD  | 17 | <b>19,556</b> | 00 |
| 18    | Personal exemptions  | 18 | <b>4,200</b>  | 00 |
| 19    | AZ taxable inc. Line 16 minus lines 17 & 18  | 19 | <b>38,181</b> | 00 |
| 20    | Compute tax. Use line 19 & proper tax table  | 20 | <b>1,099</b>  | 00 |
| 21    | Tax from recapture of credits  | 21 |               | 00 |
| 22    | Subtotal of tax. Add lines 20 and 21   | 22 | <b>1,099</b>  | 00 |
| 23-24 | Clean Elections Fund Tax Reduction.  |    |               |    |
| 23    | 23 <input checked="" type="checkbox"/> YOURSELF 23 <input type="checkbox"/> SPOUSE   | 24 | <b>5</b>      | 00 |
| 25    | Reduced tax. Subtract line 24 from line 22   | 25 | <b>1,094</b>  | 00 |
| 26    | Family income tax credit from worksheet on page 15 of instructions   | 26 |               | 00 |
| 27    | Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required  | 27 | <b>971</b>    | 00 |
| 28    | Credit type. Enter form number of each credit claimed: 28 <b>323 309 3 3</b>   |    |               |    |
| 29    | Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions   | 29 |               | 00 |
| 30    | Balance of tax. Subtract lines 26, 27, and 29 from line 25. If the sum of lines 26, 27, and 29 is more than line 25, enter zero  | 30 | <b>123</b>    | 00 |
| 31    | Arizona income tax withheld during 2006  | 31 | <b>2,523</b>  | 00 |
| 32    | Arizona estimated tax payments for 2006  | 32 |               | 00 |
| 33    | Amount paid with 2006 Arizona extension request (Form 204)   | 33 |               | 00 |
| 34    | Increased Excise Tax Credit from worksheet on page 17 of the instructions  | 34 |               | 00 |
| 35    | Property Tax Credit from Form 140PTC   | 35 |               | 00 |
| 36    | Total payments/refundable credits. Add lines 31 through 35   | 36 | <b>2,523</b>  | 00 |
| 37    | TAX DUE. If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40  | 37 |               | 00 |
| 38    | OVERPAYMENT. If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment  | 38 | <b>2,400</b>  | 00 |
| 39    | Amount of line 38 to be applied to 2007 estimated tax  | 39 |               | 00 |
| 40    | Balance of overpayment. Subtract line 39 from line 38  | 40 | <b>2,400</b>  | 00 |
| 41-49 | Voluntary Gifts to:  |    |               |    |
| 41    | AID TO EDUCATION (entire refund only)  | 41 | <b>00</b>     |    |
| 42    | ARIZONA WILDLIFE   | 42 | <b>10</b>     | 00 |
| 43    | CITIZENS CLEAN ELECTIONS   | 43 | <b>6</b>      | 00 |
| 44    | CHILD ABUSE PREVENTION   | 44 | <b>15</b>     | 00 |
| 45    | DOMESTIC VIOLENCE SHELTER  | 45 | <b>20</b>     | 00 |
| 46    | NATIONAL GUARD RELIEF FUND   | 46 | <b>25</b>     | 00 |
| 47    | NEIGHBORS HELPING NEIGHBORS  | 47 | <b>30</b>     | 00 |
| 48    | SPECIAL OLYMPICS   | 48 | <b>35</b>     | 00 |
| 49    | POLITICAL GIFT   | 49 | <b>40</b>     | 00 |
| 50    | Check only one if making a political gift: 50 <input type="checkbox"/> Democratic 50 <input checked="" type="checkbox"/> Libertarian 50 <input type="checkbox"/> Republican                                |    |               |    |
| 51    | Estimated payment penalty and MSA withdrawal penalty   | 51 |               | 00 |
| 52    | Check applicable boxes: 52 <input type="checkbox"/> Annualized/Other 52 <input type="checkbox"/> Farmer or Fisherman 52 <input type="checkbox"/> Form 221 attached 52 <input type="checkbox"/> MSA Penalty |    |               |    |
| 53    | Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, and 51  | 53 | <b>181</b>    | 00 |
| 54    | REFUND. Subtract line 53 from line 40. If less than zero, enter amount owed on line 55   | 54 | <b>2,219</b>  | 00 |
|       | Direct Deposit of Refund: See instructions.  |    |               |    |
|       | ROUTING NUMBER ACCOUNT NUMBER C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings   |    |               |    |
|       | 98 <b>021234567 123123123</b>  |    |               |    |
| 55    | AMOUNT OWED. Add lines 37 and 53. Make check payable to Arizona Department of Revenue; include SSN on payment.   | 55 |               | 00 |
|       | <input type="checkbox"/> Payment enclosed. Check the box and attach payment.   |    |               |    |

Attach W-2 to back of last page of the return. If itemizing, attach your federal Schedule A and Arizona Schedule A if required.

ATTACH PAYMENT HERE

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

NO. OF MONTHS  
LIVED IN YOUR  
HOME IN 2006

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP |  |
|---------------------|---------------------|--------------|--|
| SEE AZDE ATT PAGE 1 |                     |              |  |
|                     |                     |              |  |
|                     |                     |              |  |

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

7

A3

a

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

Norman Greentree

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

ZACH WANN

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

NO. OF MONTHS  
LIVED IN YOUR  
HOME IN 2006

| FIRST AND LAST NAME | SOCIAL SECURITY NO. | RELATIONSHIP |  |
|---------------------|---------------------|--------------|--|
| SEE AZDE ATT PAGE 3 |                     |              |  |

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11

• • • • • TOTAL

A5

2

PART B: Additions to Income

|     |   |  |     |     |    |
|-----|---|--|-----|-----|----|
| B6  | Non-Arizona municipal interest  |  | B6  | 500 | 00 |
| B7  | Early withdrawal of Arizona Retirement System contributions not included on your federal return |  | B7  |     | 00 |
| B8  | Ordinary income portion of lump-sum distributions excluded on your federal return               |  | B8  |     | 00 |
| B9  | Total federal depreciation  |  | B9  |     | 00 |
| B10 | Medical savings account (MSA) distributions. See page 7 of the instructions                     |  | B10 |     | 00 |
| B11 | I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions              |  | B11 |     | 00 |
| B12 | Other additions to income. See instructions and attach your own schedule                        |  | B12 |     | 00 |
| B13 | Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13                 |  | B13 | 500 | 00 |

PART C: Subtractions from Income

|     |  |     |        |    |
|-----|--|-----|--------|----|
| C14 | Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100  | C14 |        | 00 |
| C15 | Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500   | C15 |        | 00 |
| C16 | Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300   | C16 | 16,100 | 00 |
| C17 | Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000  | C17 | 20,000 | 00 |
| C18 | Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15 | C18 | 36,100 | 00 |
| C19 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills   | C19 |        | 00 |
| C20 | Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)   | C20 |        | 00 |
| C21 | Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)  | C21 | 500    | 00 |
| C22 | U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)  | C22 |        | 00 |
| C23 | Recalculated Arizona depreciation  | C23 |        | 00 |
| C24 | Certain wages of American Indians  | C24 |        | 00 |
| C25 | Income tax refund from other states. See instructions  | C25 |        | 00 |
| C26 | Deposits and employer contributions into MSAs. See page 10 of the instructions   | C26 |        | 00 |
| C27 | Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount  | C27 |        | 00 |
| C28 | Active duty military pay (including combat pay) that you included in federal adjusted gross income   | C28 |        | 00 |
| C29 | Other subtractions from income. See instructions and attach your own schedule  | C29 |        | 00 |
| C30 | Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15   | C30 | 36,600 | 00 |

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE  
SIGN  
HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

03-21-2006

DATE

TREE TRIMMER

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

91-5552144

DATE

03-21-2006

PAID PREPARER'S TIN

PAID PREPARER'S ADDRESS

PIMA PAWN SHOP

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2ND STREET

TUCSON, AZ 85701

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

**ARIZONA SCHEDULE  
A****Itemized Deduction Adjustments**  
For Full-Year Residents Filing Form 140

Attach to your return

NAME(S) AS SHOWN ON FORM 140

**TEST R****WANN**

YOUR SOCIAL SECURITY NUMBER

**400-00-7505**

SPOUSE'S SOCIAL SECURITY NUMBER

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

**Adjustment to Medical and Dental Expenses**

|          |   |          |               |    |
|----------|---|----------|---------------|----|
| <b>1</b> | Medical and dental expenses . . . . .   | <b>1</b> | <b>10,500</b> | 00 |
| <b>2</b> | Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1 . . . . . | <b>2</b> |               | 00 |
| <b>3</b> | Medical expenses allowed to be taken as a federal itemized deduction . . . . .  | <b>3</b> | <b>3,147</b>  | 00 |
| <b>4</b> | Add line 2 and line 3, and enter the result . . . . .   | <b>4</b> | <b>3,147</b>  | 00 |
| <b>5</b> | If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 . . . . .              | <b>5</b> | <b>7,353</b>  | 00 |
| <b>6</b> | If line 4 is more than line 1, subtract line 1 from line 4 . . . . .  | <b>6</b> |               | 00 |

**Adjustment to Interest Deduction**

|          |  |          |  |    |
|----------|--|----------|--|----|
| <b>7</b> | If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2006 that is equal to the amount of your 2006 federal credit . . . . . | <b>7</b> |  | 00 |
|----------|--|----------|--|----|

**Adjustment to Gambling Losses**

|           |  |           |            |    |
|-----------|--|-----------|------------|----|
| <b>8</b>  | Wagering losses allowed as a federal itemized deduction . . . . .                              | <b>8</b>  | <b>500</b> | 00 |
| <b>9</b>  | Total gambling winnings included in your federal adjusted gross income . . . . .               | <b>9</b>  | <b>500</b> | 00 |
| <b>10</b> | Authorized Arizona lottery subtraction from Form 140, page 2, line C21 . . . . .               | <b>10</b> | <b>500</b> | 00 |
| <b>11</b> | Maximum allowable gambling loss deduction: Subtract line 10 from line 9 . . . . .              | <b>11</b> |            | 00 |
| <b>12</b> | If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" . . . . . | <b>12</b> | <b>500</b> | 00 |

**Adjustment to Property Taxes**

|           |   |           |  |    |
|-----------|---|-----------|--|----|
| <b>13</b> | If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed . . . . . | <b>13</b> |  | 00 |
|-----------|---|-----------|--|----|

**Adjustment to Charitable Contributions**

|           |  |           |            |    |
|-----------|--|-----------|------------|----|
| <b>14</b> | Amount of charitable contributions for which you are taking a credit under Arizona law . . . . . | <b>14</b> | <b>500</b> | 00 |
|-----------|--|-----------|------------|----|

**Other Adjustments**

|           |  |           |  |    |
|-----------|--|-----------|--|----|
| <b>15</b> | Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax . . . . . | <b>15</b> |  | 00 |
|-----------|--|-----------|--|----|

**Adjusted Itemized Deductions**

|           |  |           |               |    |
|-----------|--|-----------|---------------|----|
| <b>16</b> | Add the amounts on lines 5 and 7 . . . . .   | <b>16</b> | <b>7,353</b>  | 00 |
| <b>17</b> | Add the amounts on lines 6, 12, 13, 14 and 15 . . . . .  | <b>17</b> | <b>1,000</b>  | 00 |
| <b>18</b> | Total federal itemized deductions allowed to be taken on federal return . . . . .  | <b>18</b> | <b>13,203</b> | 00 |
| <b>19</b> | Enter the amount from line 16 above . . . . .  | <b>19</b> | <b>7,353</b>  | 00 |
| <b>20</b> | Add lines 18 and 19 . . . . .  | <b>20</b> | <b>20,556</b> | 00 |
| <b>21</b> | Enter the amount from line 17 above . . . . .  | <b>21</b> | <b>1,000</b>  | 00 |
| <b>22</b> | Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17 . . . | <b>22</b> | <b>19,556</b> | 00 |

**NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.**

For the calendar year 2006, or

fiscal year beginning

and ending

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

TEST R WANN

YOUR SOCIAL SECURITY NUMBER

400-00-7505

SPOUSE'S SOCIAL SECURITY NUMBER

**Part I Nonrefundable Individual Tax Credits**

Enter total available tax credits.

|    |   |    |     |    |
|----|---|----|-----|----|
| 1  | Defense Contracting Credit from Form 302 . . . . .  | 1  |     | 00 |
| 2  | Enterprise Zone Credit from Form 304 . . . . .  | 2  |     | 00 |
| 3  | Environmental Technology Facility Credit from Form 305 . . . . .  | 3  |     | 00 |
| 4  | Military Reuse Zone Credit from Form 306 . . . . .  | 4  |     | 00 |
| 5  | Recycling Equipment Credit from Form 307 . . . . .  | 5  |     | 00 |
| 6  | Credit for Increased Research Activities from Form 308-I . . . . .  | 6  |     | 00 |
| 7  | Credit for Taxes Paid to Another State or Country from Form 309 . . . . .   | 7  | 471 | 00 |
| 8  | Credit for Solar Energy Devices from Form 310 . . . . .   | 8  |     | 00 |
| 9  | Agricultural Water Conservation System Credit from Form 312 . . . . .   | 9  |     | 00 |
| 10 | Pollution Control Credit from Form 315 . . . . .  | 10 |     | 00 |
| 11 | Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle<br>Recharge Outlets from Form 319 . . . . . | 11 |     | 00 |
| 12 | Credit for Employment of TANF Recipients from Form 320 . . . . .  | 12 |     | 00 |
| 13 | Credit for Contributions to Charities that Provide Assistance to the Working<br>Poor from Form 321 . . . . .          | 13 |     | 00 |
| 14 | Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . . . .                                  | 14 |     | 00 |
| 15 | Credit for Contributions to School Tuition Organizations from Form 323 . . . . .                                      | 15 | 500 | 00 |
| 16 | Agricultural Pollution Control Equipment Credit from Form 325 . . . . .   | 16 |     | 00 |
| 17 | Neighborhood Electric Vehicle (NEV) Credit from Form 328 . . . . .  | 17 |     | 00 |
| 18 | Credit for Donation of School Site from Form 331 . . . . .  | 18 |     | 00 |
| 19 | Credit for Healthy Forest Enterprises from Form 332 . . . . .   | 19 |     | 00 |
| 20 | Credit for Employing National Guard Members from Form 333 . . . . .   | 20 |     | 00 |
| 21 | Credit for Motion Picture Production Costs from Form 334 . . . . .  | 21 |     | 00 |
| 22 | Credit from Solar Energy Devices Commercial and Industrial Applications from<br>Form 336 . . . . .                    | 22 |     | 00 |
| 23 | Total Available Tax Credits: Add lines 1 through 22 . . . . .   | 23 | 971 | 00 |

**Part II Application of Tax Credits**

Enter tax, recapture tax, and tax credits claimed this taxable year.

|    |   |    |       |    |
|----|---|----|-------|----|
| 24 | Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26 . . . . .   | 24 | 1,099 | 00 |
| 25 | Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27;<br>or Form 140NR, line 27; or Form 140X, line 29 . . . . .                     | 25 | 5     | 00 |
| 26 | Subtract line 25 from line 24 . . . . .   | 26 | 1,094 | 00 |
| 27 | Tax from recapture of Environmental Technology Facility Credit from<br>Form 305, Part VI, line 37 . . . . .   | 27 |       | 00 |
| 28 | Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from<br>Form 328, Part VI, line 19 . . . . .   | 28 |       | 00 |
| 29 | Tax from recapture of Credit for Healthy Forest Enterprises from<br>Form 332, Part X, line 39 . . . . .   | 29 |       | 00 |
| 30 | Tax from recapture of Credit for Motion Picture Production Cost from<br>Form 334, Part VIII, line 34 . . . . .  | 30 |       | 00 |
| 31 | Recapture Total: Add lines 27 through 30. Enter here and on Form 140, line 21; or<br>Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27 . . . . . | 31 |       | 00 |
| 32 | Subtotal: Add lines 26 and 31 . . . . .   | 32 | 1,094 | 00 |
| 33 | Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31 . . . . .  | 33 |       | 00 |
| 34 | Subtract line 33 from line 32 . . . . .   | 34 | 1,094 | 00 |

400-00-7505

**Nonrefundable Tax Credits Claimed**

Enter amount of credits actually claimed from Part I.

|  |           |     |    |
|--|-----------|-----|----|
| <b>35</b> Defense Contracting Credit from Form 302 . . . . .   | <b>35</b> |     | 00 |
| <b>36</b> Enterprise Zone Credit from Form 304 . . . . .   | <b>36</b> |     | 00 |
| <b>37</b> Environmental Technology Facility Credit from Form 305 (not to exceed 75%<br>of line 32) . . . . .   | <b>37</b> |     | 00 |
| <b>38</b> Military Reuse Zone Credit from Form 306 . . . . .   | <b>38</b> |     | 00 |
| <b>39</b> Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25%<br>of line 32 or \$5,000) . . . . .  | <b>39</b> |     | 00 |
| <b>40</b> Credit for Increased Research Activities from Form 308-I . . . . .   | <b>40</b> |     | 00 |
| <b>41</b> Credit for Taxes Paid to Another State or Country from Form 309 . . . . .  | <b>41</b> | 471 | 00 |
| <b>42</b> Credit for Solar Energy Devices from Form 310 . . . . .  | <b>42</b> |     | 00 |
| <b>43</b> Agricultural Water Conservation System Credit from Form 312 . . . . .  | <b>43</b> |     | 00 |
| <b>44</b> Pollution Control Credit from Form 315 . . . . .   | <b>44</b> |     | 00 |
| <b>45</b> Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle<br>Recharge Outlets from Form 319 . . . . .  | <b>45</b> |     | 00 |
| <b>46</b> Credit for Employment of TANF Recipients from Form 320 . . . . .   | <b>46</b> |     | 00 |
| <b>47</b> Credit for Contributions to Charities that Provide Assistance to the Working<br>Poor from Form 321 . . . . .   | <b>47</b> |     | 00 |
| <b>48</b> Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . .   | <b>48</b> |     | 00 |
| <b>49</b> Credit for Contributions to School Tuition Organizations from Form 323 . . . . .   | <b>49</b> | 500 | 00 |
| <b>50</b> Agricultural Pollution Control Equipment Credit from Form 325 . . . . .  | <b>50</b> |     | 00 |
| <b>51</b> Credit for Neighborhood Electric Vehicle (NEV) from Form 328 . . . . .   | <b>51</b> |     | 00 |
| <b>52</b> Credit for Donation of School Site from Form 331 . . . . .   | <b>52</b> |     | 00 |
| <b>53</b> Credit for Healthy Forest Enterprises from Form 332 . . . . .  | <b>53</b> |     | 00 |
| <b>54</b> Credit for Employing National Guard Members from Form 333 . . . . .  | <b>54</b> |     | 00 |
| <b>55</b> Credit for Motion Picture Production Costs from Form 334 . . . . .   | <b>55</b> |     | 00 |
| <b>56</b> Credit for Solar Energy Devices Commercial and Industrial Applications from<br>Form 336 . . . . .  | <b>56</b> |     | 00 |
| <b>57</b> Total Tax Credits Claimed: Add lines 35 through 56. Total cannot be more<br>than line 34. Enter this amount on Form 140, line 27; or Form 140PY, line 30;<br>or Form 140NR, line 29; or Form 140X, line 32 . . . . . | <b>57</b> | 971 | 00 |

**NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.**

309

For the calendar year 2006, or fiscal year beginning and ending .

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST R WANN

YOUR SOCIAL SECURITY NO.

400-00-7505

SPOUSE'S SOCIAL SECURITY NO.

**Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2006****Other State:** If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See page 6 of the instructions for a list of state abbreviations . . . NM**Other Country:** If claiming a credit for taxes paid to another country, enter the name of the other state or country . . . . .

|  | (a)         | (b)    | (c) |
|--|-------------|--------|-----|
| 1 Description of income item(s).<br>List each income item separately.  |             |        |     |
|  | income      |        |     |
| 2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.   | 2 \$ 77,700 | \$     | \$  |
| 3 Portion of income included on line 2 subject to tax by Arizona.  | 3 \$ 77,700 | \$     | \$  |
| 4 Portion of income included on line 2 subject to tax by the other state or country.   | 4 \$ 77,700 | \$     | \$  |
| 5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4. | 5 \$ 77,700 | \$     | \$  |
| 6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c) . . . . .  | 6           | 77,700 | 00  |

**Part II Computation of Other State or Country Tax Credit** (Read specific line instructions for Part II before completing this part.)

|   |    |        |    |
|---|----|--------|----|
| 7 Arizona tax liability less any credits (except other state tax credit) . . . . .  | 7  | 594    | 00 |
| 8 Amount from Part I, line 6 . . . . .  | 8  | 77,700 | 00 |
| 9 Entire income upon which Arizona tax is imposed. See instructions . . . . .   | 9  | 98,037 | 00 |
| 10 Divide the amount on line 8 by the amount on line 9 (100% maximum) . . . . .   | 10 | 79.3   | %  |
| 11 Multiply the amount on line 7 by the percent on line 10 . . . . .  | 11 | 471    | 00 |
| 12 Income tax paid to (name of other state or country). See instructions. <u>NM</u> . . . . .   | 12 | 2,200  | 00 |
| 13 Amount from Part I, line 6 . . . . .   | 13 | 77,700 | 00 |
| 14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4 . . . . .                                   | 14 | 78,200 | 00 |
| 15 Divide the amount on line 13 by the amount on line 14 (100% maximum) . . . . .   | 15 | 99.4   | %  |
| 16 Multiply the amount on line 12 by the percentage on line 15 . . . . .  | 16 | 2,187  | 00 |
| 17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions . . . . . | 17 | 471    | 00 |

323

Credit for Contributions to Private School Tuition Organizations

Do not use this form for contributions or amounts paid to a public school. See Form 322 for contributions or amounts paid to public schools.

|   |
|---|
| For the calendar year 2006, or<br>fiscal year beginning _____ and ending _____. |
|---|

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST R WANN

YOUR SOCIAL SECURITY NO.

400-00-7505

SPOUSE'S SOCIAL SECURITY NO.

## Current Year's Credit

## 1a Qualifying contributions made to:

Name of school tuition organization: UNIVERSITY OF PHOENIX  
 Address of school tuition organization: 765 NORTH ROAD  
Glendale, AZ 85301

Amount of contributions made to school tuition organization named on line 1a . . . . . 1a 750 00

## 1b Qualifying contributions made to:

Name of school tuition organization: \_\_\_\_\_  
 Address of school tuition organization: \_\_\_\_\_

Amount of contributions made to school tuition organization named on line 1b . . . . . 1b 00

If you made contributions to more than 2 school tuition organizations, attach a separate schedule.

|    |  |    |     |    |
|----|--|----|-----|----|
| 1c | Total contributions made to school tuition organizations during 2006 . . . . .   | 1c | 750 | 00 |
| 2  | Single taxpayers or heads of household, enter \$500 here. Married taxpayers enter \$1000 here . . . . .  | 2  | 500 | 00 |
| 3  | Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2 . . . . . | 3  | 500 | 00 |

## Available Credit Carryover

|   | (a)<br>Taxable Year<br>from which you are<br>carrying the credit | (b)<br>Original Credit Amount | (c)<br>Amount Previously Used | (d)<br>Available Carryover:<br>Subtract column (c) from column (b). |
|---|--|-------------------------------|-------------------------------|---|
| 4 | 2001   | \$                            | \$                            | \$  |
| 5 | 2002   | \$                            | \$                            | \$  |
| 6 | 2003   | \$                            | \$                            | \$  |
| 7 | 2004   | \$                            | \$                            | \$  |
| 8 | 2005   | \$                            | \$                            | \$  |
| 9 | TOTAL AVAILABLE CARRYOVER: . . . . .                             |                               |                               | \$  |

## Total Available Credit

|    |  |    |     |    |
|----|--|----|-----|----|
| 10 | Current year's credit: enter the amount from line 3 . . . . .  | 10 | 500 | 00 |
| 11 | Available credit carryover from line 9, column (d) . . . . .   | 11 |     | 00 |
| 12 | Total available credit. Add line 10 and line 11. Enter the total here and see the instructions . . . . . | 12 | 500 | 00 |

00 - 561332 - 07505 - 7

FOR DOR USE ONLY. DO NOT WRITE OR STAPLE IN THIS SPACE.

**ARIZONA FORM**  
**AZ-8453****Arizona Individual Income Tax Declaration**  
**for Electronic Filing****2006**

For the year January 1 through December 31, 2006.

**PLEASE PRINT OR TYPE.**

|   |  |  |
|---|--|--|
| YOUR FIRST NAME AND INITIAL<br><b>TEST R</b>  | LAST NAME<br><b>WANN</b>                       | YOUR SOCIAL SECURITY NO.<br><b>400-00-7505</b> |
| IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL                                  | LAST NAME                                      | SPOUSE'S SOCIAL SECURITY NO.                   |
| PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO.<br><b>7 HEAVENS LN</b> | CITY, TOWN OR POST OFFICE<br><b>TUCSON, AZ</b> | STATE ZIP CODE<br><b>85701</b>                 |

**PART I - TAX RETURN INFORMATION**

|   |   |   |               |    |
|---|---|---|---------------|----|
| 1 | Arizona Adjusted Gross Income . . . . . | 1 | <b>61,937</b> | 00 |
| 2 | Balance Of Tax . . . . .                | 2 | <b>123</b>    | 00 |
| 3 | Arizona Income Tax Withheld . . . . .   | 3 | <b>2,523</b>  | 00 |
| 4 | Refund . . . . .                        | 4 | <b>2,219</b>  | 00 |
| 5 | Amount You Owe . . . . .                | 5 |               | 00 |

**PART II - FINANCIAL INSTITUTION INFORMATION -**

Must be present when requesting direct debit or deposit.

|  |   |
|--|---|
| TYPE OF ACCOUNT<br><input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | ROUTING NUMBER<br><b>021234567</b>                                    |
| ACCOUNT NUMBER<br><b>123123123</b>   |   |
| DIRECT DEBIT REQUEST DATE<br>[ ][ ][ ][ ][ ][ ][ ][ ]  | DIRECT DEBIT PAYMENT AMOUNT<br>\$ [ ][ ][ ][ ][ ][ ][ ][ ] <b>.00</b> |

**PART III - DECLARATION OF TAXPAYER - Sign only after completing Part I**

- 6a** ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2006 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERO to release copies of the requested documents to DOR.

|           |                   |      |  |
|-----------|-------------------|------|--|
| Sign Here | <b>03-21-2006</b> |      |  |
|           | YOUR SIGNATURE    | DATE | SPOUSE'S SIGNATURE (If joint return, both must sign.) DATE |

**PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See instructions)**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

|              |   |   |  |                                |
|--------------|---|---|--|--------------------------------|
| ERO Use Only | <b>03-21-2006</b>                       | CHECK IF PAID PREPARER <input type="checkbox"/> | CHECK IF SELF-EMPLOYED <input checked="" type="checkbox"/> | <b>245-11-0011</b>             |
|              | SIGNATURE OF ERO                        | DATE  |  | SSN or PTIN                    |
|              | <b>DRAKE INCOME TAX</b>                 |   |  | <b>56-1494243</b>              |
|              | FIRM'S NAME (or yours if self-employed) | <b>235 PALMER STREET</b>                        |  | EIN                            |
|              | <b>FRANKLIN, NC 28734-1234</b>          |   | <b>828-888-8888</b>  | TELEPHONE NO. (with area code) |
|              | FIRM'S ADDRESS (include zip code)       |   |  |                                |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| Paid Preparer's Use Only | <b>03-21-2006</b>                       | CHECK IF SELF-EMPLOYED <input checked="" type="checkbox"/> | <b>400-66-8712</b>             |
|                          | PREPARER'S SIGNATURE                    | DATE   | SSN or PTIN                    |
|                          | <b>PIMA PAWN SHOP</b>                   |  | <b>91-5552144</b>              |
|                          | FIRM'S NAME (or yours if self-employed) | <b>2ND STREET</b>  | EIN                            |
|                          | <b>TUCSON, AZ 85701</b>                 |  | <b>520-524-2921</b>            |
|                          | FIRM'S ADDRESS (include zip code)       |  | TELEPHONE NO. (with area code) |



**\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*****Entire Income Upon Which Arizona Tax is Imposed Worksheet**

Enter your entire income upon which Arizona tax is imposed. This is the Arizona adjusted gross income excluding allowable exemptions for age 65 or over, blind, dependents, or qualifying parents and ancestors.

Use the worksheet to figure your entire income upon which Arizona tax is imposed.

1. Enter the amount of Arizona AGI from  
Form 140, line 16; Form 140PY, line 19; or  
Form 140NR, line 19. . . . . 61,937
  
2. Enter the amount of Arizona Total Exemptions from  
Form 140, line C18; Form 140PY, line D30; or  
Form 140NR, line D25. . . . . 36,100
  
3. Add the amount on  
lines 1 and 2. Enter  
the total here and on  
line 9 of Arizona  
Form 309. . . . . 98,037

**\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\***

**Credit Carryover Worksheet**

Keep this worksheet with your records. Use this information to complete your 2007 credit forms that you will file in 2008.

| <p align="center"><b>(a)</b><br/><b>Credit Type</b></p> <p>On the lines below, enter the types of credits available to you for 2006.</p> |     | <p align="center"><b>(b)</b><br/><b>Carryover?</b></p> <p>May the unused credit for the type of credit entered in column (a) be carried forward? (See the applicable credit form for information about a specific credit.)<br/><b>Check either yes or no.</b><br/>if the answer is no, do not complete columns (c) through (e) for that line.</p> |    | <p align="center"><b>(c)</b><br/><b>2006 Credit</b></p> <p>On the lines below, enter the amount of each credit available to you for 2006. Take these amounts from Form 301, lines 1 through 22 or Form 300, lines 1 through 17.</p> | <p align="center"><b>(d)</b><br/><b>Credit used for 2006</b></p> <p>On the lines below, enter the amount of each credit used for 2006. Take these amounts from Form 301, lines 35 through 56 or Form 300, lines 28 through 44.</p> | <p align="center"><b>(e)</b><br/><b>Carryover to 2007</b></p> <p>For each line on which you have entered an amount, subtract the amount in column (d) from the amount in column (c). This is the amount of each credit that you may carryover to 2007, providing the credit carryover may be carried to 2007. Use this figure when completing the appropriate 2007 credit form.</p> |
|--|-----|---|----|---|--|---|
|  |     | YES   | NO |   |  |   |
| 1.   | 309 |   | X  |   |  |   |
| 2.   | 323 | X   |    | 500   | 500  |   |
| 3.   |     |   |    |   |  |   |
| 4.   |     |   |    |   |  |   |
| 5.   |     |   |    |   |  |   |
| 6.   |     |   |    |   |  |   |
| 7.   |     |   |    |   |  |   |
| 8.   |     |   |    |   |  |   |
| 9.   |     |   |    |   |  |   |
| 10.  |     |   |    |   |  |   |
| 11.  |     |   |    |   |  |   |
| 12.  |     |   |    |   |  |   |
| 13.  |     |   |    |   |  |   |
| 14.  |     |   |    |   |  |   |
| 15.  |     |   |    |   |  |   |
| 16.  |     |   |    |   |  |   |
| 17.  |     |   |    |   |  |   |
| 18.  |     |   |    |   |  |   |
| 19.  |     |   |    |   |  |   |
| 20.  |     |   |    |   |  |   |

\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**Clean Elections Fund Tax Reduction Worksheet**

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

**NOTE:** Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1. Enter the amount of tax from Form 140  
line 22, Form 140NR line 25, or Form 140PY  
line 25. . . . . 1. 1,099
  
2. If you checked the box for yourself, enter \$5.  
If a joint return and your spouse also checked  
the box for spouse, enter \$10. . . . . 2. 5
  
3. Balance of tax eligible for tax reduction.  
Subtract line 2 from line 1. If less than  
zero, enter zero "0". . . . . 3. 1,094
  
4. If you checked the box for yourself, enter \$5.  
If a joint return and your spouse also checked the  
box for spouse, enter \$10. . . . . 4. 5
  
5. Tax reduction. Enter the lesser of line 3  
or line 4. Also enter this amount on Form  
140, line 24, Form 140NR line 27, or Form  
140PY line 27. . . . . 5. 5

## DEPENDENTS

## A1 List children and other dependents related to you.

|     | Name             | Social Security Number | Relationship | Months |
|-----|------------------|------------------------|--------------|--------|
| 1.  | ANGELA WANN      | 400-55-7560            | DAUGHTER     | 12     |
| 2.  | GABRIEL WANN     | 400-55-7561            | SON          | 12     |
| 3.  | MICHAEL MONDAY   | 400-55-7562            | SON          | 12     |
| 4.  | LUCKY MONDAY     | 400-55-7563            | DAUGHTER     | 12     |
| 5.  | ARCHIBALD WANN   | 900-93-7564            | SON          | 12     |
| 6.  | ZACH WANN        | 400-55-7565            | CHILD        | 12     |
| 7.  | Norman Greentree | 400-55-7566            | OTHER        | 12     |
| 8.  |                  |                        |              |        |
| 9.  |                  |                        |              |        |
| 10. |                  |                        |              |        |
| 11. |                  |                        |              |        |
| 12. |                  |                        |              |        |
| 13. |                  |                        |              |        |
| 14. |                  |                        |              |        |
| 15. |                  |                        |              |        |
| 16. |                  |                        |              |        |
| 17. |                  |                        |              |        |
| 18. |                  |                        |              |        |
| 19. |                  |                        |              |        |
| 20. |                  |                        |              |        |
| 21. |                  |                        |              |        |
| 22. |                  |                        |              |        |
| 23. |                  |                        |              |        |
| 24. |                  |                        |              |        |
| 25. |                  |                        |              |        |

## PARENTS / ANCESTORS

## A4 List qualifying parents and ancestors.

|     | Name        | Social Security Number | Relationship | Months |
|-----|-------------|------------------------|--------------|--------|
| 1.  | DAVID SAINT | 400-55-7570            | PARENT       | 00     |
| 2.  | MARY SAINT  | 400-55-7571            | PARENT       | 00     |
| 3.  |             |                        |              |        |
| 4.  |             |                        |              |        |
| 5.  |             |                        |              |        |
| 6.  |             |                        |              |        |
| 7.  |             |                        |              |        |
| 8.  |             |                        |              |        |
| 9.  |             |                        |              |        |
| 10. |             |                        |              |        |
| 11. |             |                        |              |        |
| 12. |             |                        |              |        |
| 13. |             |                        |              |        |
| 14. |             |                        |              |        |
| 15. |             |                        |              |        |
| 16. |             |                        |              |        |
| 17. |             |                        |              |        |
| 18. |             |                        |              |        |
| 19. |             |                        |              |        |
| 20. |             |                        |              |        |
| 21. |             |                        |              |        |
| 22. |             |                        |              |        |
| 23. |             |                        |              |        |
| 24. |             |                        |              |        |
| 25. |             |                        |              |        |

## 2006 Arizona Statement 1

Additional Dependents and Qualifying Parent/Ancestors

**400-00-7505**

|                   | FIRST AND LAST NAME | SSN         | RELATIONSHIP | No. of Months Lived<br>in Your Home in |
|-------------------|---------------------|-------------|--------------|--|
| Dependent 7       | Norman Greentree    | 400-55-7566 | OTHER        | 12                                     |
| Dependent 8       |                     |             |              |  |
| Dependent 9       |                     |             |              |  |
| Dependent 10      |                     |             |              |  |
| Dependent 11      |                     |             |              |  |
| Dependent 12      |                     |             |              |  |
| Dependent 13      |                     |             |              |  |
| Dependent 14      |                     |             |              |  |
| Dependent 15      |                     |             |              |  |
| Dependent 16      |                     |             |              |  |
| Dependent 17      |                     |             |              |  |
| Parent/Ancestor 1 | DAVID SAINT         | 400-55-7570 | PARENT       | 00                                     |
| Parent/Ancestor 2 | MARY SAINT          | 400-55-7571 | PARENT       | 00                                     |
| Parent/Ancestor 3 |                     |             |              |  |
| Parent/Ancestor 4 |                     |             |              |  |

Other Additions/Other Subtractions Listing

|                          | Description | Amount |
|--------------------------|-------------|--------|
| Other Additions 1        |             |        |
| Other Additions 2        |             |        |
| Other Additions 3        |             |        |
| Total Other Additions    |             |        |
| Other Subtractions 1     |             |        |
| Other Subtractions 2     |             |        |
| Other Subtractions 3     |             |        |
| Total Other Subtractions |             |        |

2006

# California Adjustments - Nonresidents or Part-Year Residents

SCHEDULE

CA (540NR)

**Important:** Attach this schedule directly behind Long Form 540NR, Side 2.

Name(s) as shown on return

Social security number

**TEST R WANN****400-00-7505****Part I Residency Information. You must complete all lines that apply to you and your spouse.****During 2006:**

Yourself

Spouse

1 a I was domiciled in (enter state or country) . . . . . **AZ**

b I was in the military and stationed in (enter state or country) . . . . .

2 I became a California resident (enter the state of prior residence and date of move) . . . . .

3 I became a nonresident (enter new state of residence and date of move) . . . . .

4 I was a nonresident of California the entire year (enter state or country of residence) . . . . .

5 The number of days I spent in California (for **any** purpose) is: . . . . .6 I owned a home/property in California (enter "Yes" or "No") . . . . . **NO****Before 2006:**

7 I was a California resident for the period of (enter dates) . . . . .

8 I entered California on (enter date) . . . . .

9 I left California on (enter date) . . . . .

**Part II Income Adjustment Schedule****Section A - Income**

|  | <b>A</b><br>Federal Amounts<br>(taxable amounts from<br>your federal return) | <b>B</b><br>Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | <b>C</b><br>Additions<br>See instructions<br>(difference between<br>CA & federal law) | <b>D</b><br>Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B<br>from col. A;<br>add col. C<br>to the result) | <b>E</b><br>CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
|--|--|--|---|--|--|
| 7 Wages, salaries, tips, etc. See instructions<br>before making an entry in column B or C  | 7 <b>81637.</b>  |  |   | <b>81637.</b>  |  |
| 8 Taxable interest income . . . . .  | 8 <b>500.</b>  |  | <b>500.</b>   | <b>1000.</b>   |  |
| 9 (a) Ordinary dividends. See instructions.<br>(b) . . . . . 9(a)  |  |  |   |  |  |
| 10 Taxable refunds, credits, or offsets of state<br>and local income taxes. Enter the same<br>amount in column A and column B . . . . . 10   |  |  |   |  |  |
| 11 Alimony received. See instructions . . . . . 11   |  |  |   |  |  |
| 12 Business income or (loss) . . . . . 12  |  |  |   |  |  |
| 13 Capital gain or (loss). See instructions. . . . . 13  |  |  |   |  |  |
| 14 Other gains or (losses) . . . . . 14  |  |  |   |  |  |
| 15 Total IRA distributions. See instructions.<br>(a) . . . . . 15(b)   |  |  |   |  |  |
| 16 Total pensions and annuities. See<br>instructions. (a) <b>15000.</b> . . . . 16(b)  | <b>10000.</b>  |  |   | <b>10000.</b>  |  |
| 17 Rental real estate, royalties, partnerships,<br>S corporations, trusts, etc. . . . . 17   |  |  |   |  |  |
| 18 Farm income or (loss) . . . . . 18  |  |  |   |  |  |
| 19 Unemployment compensation . . . . . 19  | <b>5400.</b>   | <b>5400.</b>   |   |  |  |
| 20 Social security benefits. (a) . . . . . 20(b)   |  |  |   |  |  |
| 21 Other income.<br>a California lottery winnings<br>b Disaster loss carryover from FTB 3805V<br>c Federal NOL (Form 1040, line 21)<br>d NOL carryover from FTB 3805V<br>e NOL from FTB 3805D, FTB 3805Z,<br>FTB 3806, FTB 3807, or FTB 3809<br>f Other (describe) . . . . . | 21 <b>500.</b>   |  |   | 21 <b>500.</b>   | 21   |
| 22 a <b>Total:</b> Combine line 7 through line 21<br>in each column. Continue to Side 2 . . . . . 22a  | <b>98037.</b>  | <b>5400.</b>   | <b>500.</b>   | <b>93137.</b>  |  |

## Income Adjustment Schedule

|  | A   | B  | C   | D  | E  |
|--|---|--|---|--|--|
| Section B - Adjustments to Income  | Federal Amounts<br>(taxable amounts<br>from your federal<br>return) | Subtractions<br>See instructions<br>(difference between<br>CA & federal law) | Additions<br>See instructions<br>(difference between<br>CA & federal law) | Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract column B<br>from column A;<br>add column C to<br>the result) | CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| 22 b Enter totals from<br>Schedule CA (540NR), Side 1,<br>line 22a, column A through column E . . . 22b          | 98037.  | 5400.  | 500.  | 93137.   |  |
| 23 Educator expenses . . . . . 23  |   |  |   |  |  |
| 24 Certain business expenses of reservists, perform-<br>ing artists, and fee-basis government officials . . . 24 |   |  |   |  |  |
| 25 Health savings account deduction . . . . . 25   |   |  |   |  |  |
| 26 Moving expenses . . . . . 26  |   |  |   |  |  |
| 27 One-half of self-employment tax . . . . . 27  |   |  |   |  |  |
| 28 Self-employed SEP, SIMPLE and qualified plans . . . 28  |   |  |   |  |  |
| 29 Self-employed health insurance deduction . . . 29   |   |  |   |  |  |
| 30 Penalty on early withdrawal of savings . . . 30   |   |  |   |  |  |
| 31 a Alimony paid. b Enter recipient's:<br>SSN _____<br>Last name _____ 31a                                      |   |  |   |  |  |
| 32 IRA deduction . . . . . 32  |   |  |   |  |  |
| 33 Student loan interest deduction . . . . . 33  |   |  |   |  |  |
| 34 Tuition and fees deduction . . . . . 34   |   |  |   |  |  |
| 35 Domestic production activities deduction . . . 35   |   |  |   |  |  |
| 36 Add line 23 through line 35<br>in each column, A through E . . . . . 36                                       |   |  |   |  |  |
| 37 Total. Subtract line 36 from line 22b in<br>each column, A through E. See instructions. 37                    | 98037.  | 5400.  | 500.  | 93137.   |  |

## Part III Adjustments to Federal Itemized Deductions

38 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27  
(or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) . . . . . 38 13203.

39 Enter total of federal Schedule A (Form 1040), line 5 State Disability Insurance and (state and local income tax or general  
sales tax) and line 8 (foreign taxes only). See instructions . . . . . 39 3773.

40 Subtract line 39 from line 38 . . . . . 40 9430.

41 Other adjustments including California lottery losses. See instructions. Specify \_\_\_\_\_ . . . 41

42 Combine line 40 and line 41 . . . . . 42 9430.

43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?  
Single or married filing separately . . . . . \$143,839  
Head of household . . . . . \$215,762  
Married filing jointly or qualifying widow(er) . . . . . \$287,682  
No. Transfer the amount on line 42 to line 43.  
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43 9430.

44 Enter the larger of the amount on line 43 or your standard deduction listed below  
Single or married filing separately . . . . . \$3,254  
Married filing jointly, head of household, or qualifying widow(er) . . . \$6,508 . . . . . 44 9430.

## Part IV California Taxable Income

45 California AGI. Enter your California AGI from line 37, column E . . . . . 45 \_\_\_\_\_

46 Enter your deductions from line 44 . . . . . 46 9430.

47 Deduction percentage. Divide line 37, column E by line 37, column D. Carry the decimal  
to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47 0.0000

48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 . . . . . 48 0.

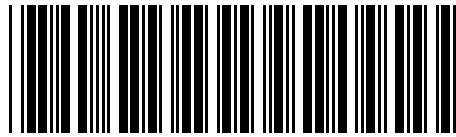
49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 22. If less than  
zero, enter -0- . . . . . 49 0.



**2006 PIT-1 NEW MEXICO PERSONAL INCOME TAX**

For the year January 1 - December 31, 2006,

or other fiscal year beginning , ending



1024

If amending use Form 2006 PIT-X.

☐ Check this box if address is new or changed.**1. SOCIAL SECURITY NO.**

Residency status: complete for each taxpayer.

Enter "R" if RESIDENT;

"N" if NON-RESIDENT;

"F" if FIRST-YEAR RES.;

"P" if PART-YEAR RES.

Check if taxpayer or spouse named on the return is deceased. Enter date of death.

TEST R WANN

400-00-7505N

7 HEAVENS LN

TUCSON

AZ 85701

Enter claimant's name and SSN if the refund must be made payable to another person - Attach Form RPD-41083

**2. EXEMPTIONS** Number of Qualified Exemptions.

If you are a dependent of another taxpayer, enter 00.

8

**3. EXTENSION OF TIME TO FILE** - Mark the box if you have a federal or state extension, and enter extension date.**4. FILING STATUS** - Check only one box below.☐

(1) Single

☐

(2) Married filing jointly

☐

(3) Married filing separately (Enter spouse's Social Security Number above)

☒

(4) Head of Household (Enter name of person qualifying you as head of household if that person is not counted as a qualified exemption on your federal return)

☐

(5) Qualifying widow(er) with dependent child

☐ Check this box if federal Form(s) 8886, Reportable Transaction Disclosure Statement, is required to be attached.

mm/dd/yy

**5. DEPENDENTS: As listed on your federal return**

| (1) First name | Last name | (2) Dependent's social security # |
|----------------|-----------|-----------------------------------|
| ANGELA         | WANN      | 400-55-7560                       |
| GABRIEL        | WANN      | 400-55-7561                       |
| MICHAEL        | MONDAY    | 400-55-7562                       |
| LUCKY          | MONDAY    | 400-55-7563                       |

**6. FEDERAL ADJUSTED GROSS INCOME** . . . . .

(From line 38 of federal Form 1040, line 22 of Form 1040A or line 4 of Form 1040EZ)

**7. Additions to federal income** (From line 4 of PIT-ADJ; **attach PIT-ADJ**) . . . . . +**8. Federal standard or itemized deduction amount** (From line 40 of federal Form 1040, line 24 of Form 1040A or line 5 of Form 1040EZ) . . . . . -8a. Check here if you **itemized** . . . . . ☒**9. Federal exemption amount** (From line 42 of federal Form 1040, line 26 of Form 1040A, or leave blank if you filed Form 1040EZ) . . . . . -**10. New Mexico low- and middle-income tax exemption** (See PIT-1 instructions) . . . . . -**11. Deductions/Exemptions from federal income** (Line 21 of PIT-ADJ; **attach PIT-ADJ**) . . . . . -**12. Medical care expense deduction** (See PIT-1 instructions) . . . . . -

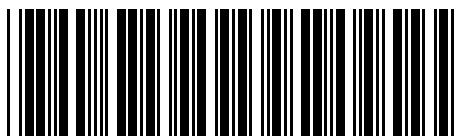
12a. Unreimbursed and uncompensated medical care expenses . . . . . \$ 7,353

**13. NEW MEXICO TAXABLE INCOME** (Add lines 6 and 7, then subtract lines 8, 9, 10, 11 and 12) . . . . . =**14. Tax on amount on line 13;** . . . . .If from the Rate Table, enter "R"; If from line 15 of PIT-B, enter "B" . . . . . ☒**15. Additional amount for tax on lump-sum distributions** (See PIT-1 instructions) . . . . . +**16. Credit for taxes paid to another state.** You must have been a New Mexico resident during all or part of the year. (See PIT-1 instructions. Include a copy of other state's return.) . . . . . -**17. Non-refundable credits from Schedule PIT-CR** (Line 11 of PIT-CR; **attach PIT-CR**) . . . . . -**18. NET NEW MEXICO INCOME TAX** (Add lines 14 and 15 minus lines 16 and 17) . . . . . =  
(Cannot be less than zero.)**19. Total claimed on rebate and credit schedule** (Line 25 of PIT-RC; **attach PIT-RC**) . . . . .**20. New Mexico income tax withheld** (**Attach W-2, 1099 or WK**) . . . . . +**21. New Mexico income tax withheld from oil and gas proceeds** (**Attach 1099 or RPD-41285**) . . . . . +**22. 2006 estimated income tax payments** (See PIT-1 instructions) . . . . . +**23. Other payments** . . . . . +**24. Total payments and credits** (Add lines 19 through 23) . . . . . =**25. TAX DUE** (If line 18 is **greater than** line 24, enter difference here.) . . . . .

|    |        |  |
|----|--------|--|
| 6  | 98,037 |  |
| 7  |        |  |
| 8  | 13,203 |  |
| 9  | 26,400 |  |
| 10 |        |  |
| 11 |        |  |
| 12 | 735    |  |
| 13 | 57,699 |  |
| 14 | 2,200  |  |
| 15 |        |  |
| 16 |        |  |
| 17 |        |  |
| 18 | 2,200  |  |
| 19 |        |  |
| 20 | 1,250  |  |
| 21 |        |  |
| 22 |        |  |
| 23 |        |  |
| 24 | 1,250  |  |
| 25 | 950    |  |

**2006 PIT-1 (page 2)****NEW MEXICO PERSONAL INCOME TAX****YOUR SOCIAL SECURITY NUMBER**

400-00-7505

**MAIL THIS RETURN TO:**

New Mexico Taxation and Revenue Department

P.O. Box 25122

Santa Fe, New Mexico 87504-5122

**Do not** submit a **photocopy** of this form to the Department.

Submit only original forms and retain a copy for your records.

**Electronic Filers:** If you electronically file and pay your New Mexico Personal Income Tax Return, your due date is April 30, 2007. All others must file by April 16, 2007. See PIT-1 instructions for details.

|  |    |                          |  |
|--|----|--------------------------|--|
| 26. <b>OVERPAYMENT</b> (If line 18 is <b>less than</b> line 24, enter the difference here.) . . . . .  | 26 |                          |  |
| 27. Refund donations (Line 10 of PIT-D; <b>attach PIT-D</b> ) . . . . . -  | 27 |                          |  |
| 28. Amount from line 26 you want <b>applied to year 2007 Estimated Tax</b> . . . . . -   | 28 |                          |  |
| 29. <b>AMOUNT TO BE REFUNDED</b> (Line 26 minus lines 27 and 28) . . . . . =   | 29 |                          |  |
| 30. Penalty on underpayment of estimated tax (Leave blank if you want penalty computed for you.) . . . . . +   | 30 |                          |  |
| 31. Special method allowed for calculation of underpayment of estimated tax penalty. Enter 1, 2, 3, 4 or 5 in the box if you owe penalty on underpayment of estimated tax and you qualify. <b>Attach RPD-41272</b> . . . . . | 31 | <input type="checkbox"/> |  |
| 32. Penalty (See PIT-1 instructions. Leave blank if you want penalty computed for you.) . . . . . +  | 32 |                          |  |
| 33. Interest (See PIT-1 instructions. Leave blank if you want interest computed for you.) . . . . . +  | 33 |                          |  |
| 34. Total tax, penalties and interest due (Add lines 25, 30, 32 and 33) . . . . . =  | 34 |                          |  |

**!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND FILL IN 1, 2 AND 3.**

|   |   |
|---|---|
| 1. Routing number: <input type="text"/> | 3. Type: <input type="checkbox"/> Checking<br>Enter "C" <input type="checkbox"/> Savings<br>Enter "S" |
| 2. Account number: <input type="text"/> |   |

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

|                         |               |
|-------------------------|---------------|
| _____<br>Your signature | _____<br>Date |
|-------------------------|---------------|

Spouse's signature  
(If filing jointly, BOTH must sign even if only one had income.)

\_\_\_\_\_  
Date

Taxpayer's phone number **520-349-5959****Paid preparer's use only:**

Preparer's Name (First MI Last)

Signature of preparer other than taxpayer

**NM CRS Identification number** . . . . .

EIN . . . . .

SSN or PTIN . . . . .

Preparer's phone number . . . . .

**03-21-2006**

Date

**400-66-8712****520-524-2921****FILING CHECKLIST**

- ☐ Are name(s), social security number(s) and address complete, correct and legible?
- ☐ Have you checked the arithmetic on your forms? Are all required fields completed and correct?
- ☐ Have you included all forms and attachments with your return? Are W-2 Forms included? DO NOT STAPLE the forms and attachments.
- ☐ Is the return properly signed and dated? Is a contact telephone number included on the bottom of this form?
- ☐ If tax is **DUE**, did you include Form **PIT-PV** and a check for the full amount? Are social security number(s) and "2006 PIT-1" written on your check? Make your check or money order payable to New Mexico Taxation and Revenue Department. When mailing a payment with your return, please mail your Form PIT-PV, payment and return to P.O. Box 8390, Santa Fe, NM 87504-8390.



|  |  |                   |  |  |  |   |  |
|--|--|-------------------|--|--|--|---|--|
| <b>a</b> Control number  |  | OMB No. 1545-0008 |  | Safe, accurate,<br>FAST! Use <b>IRS e-file</b>   |  | Visit the IRS website<br>at www.irs.gov/efile.        |  |
| <b>b</b> Employer identification number (EIN)<br>61-2987342  |  |                   |  | <b>1</b> Wages, tips, other compensation<br>3,200  |  | <b>2</b> Federal income tax withheld<br>78            |  |
| <b>c</b> Employer's name, address, and ZIP code<br>FICA CIRCUS<br><br>123 BLUEBIRD CIRCLE<br>BETHLEHEM KY 40007      |  |                   |  | <b>3</b> Social security wages<br>3,200  |  | <b>4</b> Social security tax withheld<br>198          |  |
|  |  |                   |  | <b>5</b> Medicare wages and tips<br>3,200  |  | <b>6</b> Medicare tax withheld<br>46                  |  |
|  |  |                   |  | <b>7</b> Social security tips  |  | <b>8</b> Allocated tips                               |  |
| <b>d</b> Employee's social security number<br>400-00-7505  |  |                   |  | <b>9</b> Advance EIC payment   |  | <b>10</b> Dependent care benefits                     |  |
| <b>e</b> Employee's first name and initial      Last name<br><br>TEST R      WANN<br>7 HEAVENS LN<br>TUCSON AZ 85701 |  |                   |  | <b>11</b> Nonqualified plans   |  | <b>12a</b> See instructions for box 12<br>Local L 100 |  |
|  |  |                   |  | <b>13</b> Statutory employee Retmnt. plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | <b>12b</b> Local                                      |  |
|  |  |                   |  | <b>14</b> Other  |  | <b>12c</b> Local                                      |  |
|  |  |                   |  |  |  | <b>12d</b> Local                                      |  |
| <b>f</b> Employee's address and ZIP code   |  |                   |  | <b>15</b> State Employer's state ID no.<br>AZ UT619823   |  | <b>16</b> State wages, tips, etc.<br>3,200            |  |
|  |  |                   |  | <b>17</b> State income tax<br>23   |  | <b>18</b> Local wages, tips, etc.                     |  |
|  |  |                   |  |  |  | <b>19</b> Local income tax                            |  |
|  |  |                   |  |  |  | <b>20</b> Locality name                               |  |

Form **W-2** Wage and Tax  
Statement

2006



Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

The information on this Form W-2 was used to prepare  
the taxpayer's 2005 Federal tax return by PIMA PAWN SHOP.

☐ CORRECTED

OMB No. 1545-0238

|   |   |  |
|---|---|--|
| <b>PAYER'S name</b><br><b>Royal Tomb Casino</b><br><b>Street address</b><br><b>199 Market Street</b><br><b>City, state, and ZIP code</b><br><b>Glendale AZ 85304</b><br><b>Federal identification number</b><br><b>55-5555123</b><br><b>Telephone number</b>  | <b>1</b> Gross winnings<br><b>500</b>                     | <b>2</b> Federal income tax withheld   |
|   | <b>3</b> Type of wager<br><b>Casino</b>                   | <b>4</b> Date won<br><b>2006-07-04</b> |
|   | <b>5</b> Transaction                                      | <b>6</b> Race                          |
|   | <b>7</b> Winnings from identical wagers                   | <b>8</b> Cashier                       |
| <b>WINNER'S name</b><br><b>TEST R WANN</b><br><b>Street address (including apt. no.)</b><br><b>7 HEAVENS LN</b><br><b>City, state, and ZIP code</b><br><b>TUCSON AZ 85701</b>   | <b>9</b> Winner's taxpayer ID no.<br><b>400-00-7505</b>   | <b>10</b> Window                       |
|   | <b>11</b> First I.D.                                      | <b>12</b> Second I.D.                  |
|   | <b>13</b> State/Payer's state ID no.<br><b>AZ77990012</b> | <b>14</b> State income tax withheld    |
| <b>Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.</b><br><b>Signature</b>  <b>Date</b>  |   |  |

For Privacy Act and  
Paperwork Reduction Act  
Notice, see the **2006**  
**General Instructions for**  
**Forms 1099, 1098, 5498,**  
**and W-2G.**

**File with Form 1096.****Copy A**  
**For Internal Revenue**  
**Service Center**Form **W-2G**

Department of the Treasury - Internal Revenue Service



VOID



CORRECTED

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| PAYER'S name, street address, city, state, and ZIP code<br><br><b>THE EMPLOYEEER</b><br><br><b>THE ROAD</b><br><b>WAYNESVILLE</b> <b>NC 28786</b>                          |   | <b>1</b> Gross distribution<br>\$ <b>15,000</b><br><b>2a</b> Taxable amount<br>\$ <b>10,000</b>  |  | OMB No. 1545-0119<br><br><b>2006</b><br><br>Form <b>1099-R</b>             | <b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b><br><br><b>Copy A</b><br>For Internal Revenue Service Center<br><br><b>File with Form 1096.</b><br><br>For Privacy Act and Paperwork Reduction Act Notice, see the <b>2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b> |
| PAYER'S federal identification number<br><br><b>11-1222333</b>   | RECIPIENT'S identification number<br><br><b>400-00-7505</b> | <b>3</b> Capital gain (included in box 2a)<br>\$<br><b>4</b> Federal income tax withheld<br>\$   |  |  |   |
| RECIPIENT'S name<br><br><b>TEST R WANN</b><br>Street address (including apt. no.)<br><br><b>7 HEAVENS LN</b><br>City, state, and ZIP code<br><b>TUCSON</b> <b>AZ 85701</b> |   | <b>5</b> Employee contributions /Designated Roth contributions or insurance premiums/<br>\$<br><b>6</b> Net unrealized appreciation in employer's securities<br>\$<br><b>7</b> Distribution Code<br><b>1</b> <input type="checkbox"/> IRA/SEP/SIMPLE<br><b>8</b> Other<br>\$ %<br><b>9a</b> Your percentage of total distribution<br>%<br><b>9b</b> Total employee contributions<br>\$ |  |  |   |
| 1st year of desig. Roth contrib.<br><br>   |   | <b>10</b> State tax withheld<br>\$ <b>2,500</b><br>\$<br><b>11</b> State/Payer's state no.<br><b>AZ OR123444777</b><br>\$<br><b>12</b> State distribution<br>\$ <b>10,000</b><br>\$  |  |  |   |
| Account number (see instructions)  |   | <b>13</b> Local tax withheld<br>\$<br>\$   |  | <b>14</b> Name of locality<br><br><b>15</b> Local distribution<br>\$<br>\$ |   |

Form **1099-R**

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

☐ CORRECTED (if checked)

|  |   |   |   |
|--|---|---|---|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br><br><b>State Government</b><br><br><b>123 Main Street</b><br><b>Phoenix</b> <b>AZ 85001</b>          |   | <b>1</b> Unemployment compensation                                    | OMB No. 1545-0120   |
|  |   | \$ <b>5,400</b>   | <b>2006</b><br><br>Form <b>1099-G</b>                               |
|  |   | <b>2</b> State or local income tax refunds, credits, or offsets<br>\$ |   |
| PAYER'S Federal identification number<br><b>700800900</b>  | RECIPIENT'S identification number<br><b>400-00-7505</b> | <b>3</b> Box 2 amount is for tax year<br><b>2006</b>                  | <b>4</b> Federal income tax withheld<br>\$                          |
| RECIPIENT'S name<br><br><b>TEST R WANN</b><br><br>Street address (including apt. no.)<br><b>7 HEAVENS LN</b><br><br>City, state, and ZIP code<br><b>TUCSON</b> <b>AZ 85701</b> |   | <b>5</b> ATAA payments  | <b>6</b> Taxable grants<br>\$                                       |
|  |   | <b>7</b> Agriculture payments<br>\$                                   | <b>8</b> Box 2 is trade or business income <input type="checkbox"/> |
|  |   | State<br><b>AZ</b>  | State identification number<br><b>4015016011</b>                    |
| Account number (see instructions)  |   | State unemployment amount<br><b>5,400</b>                             | State withholding   |

**Certain  
Government  
Payments**

**Copy B  
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service